



STATE OF SOUTH CAROLINA  
DEPARTMENT OF CONSUMER AFFAIRS  
CREDIT COUNSELOR LICENSE RENEWAL APPLICATION

Mailing Address  
P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. § 37-7-101 through - 122.

[www.sccconsumer.gov](http://www.sccconsumer.gov)

803-734-4236

Street Address  
3600 Forest Drive, 3<sup>rd</sup> Floor  
Columbia, SC 29204-4406

**DO NOT FAX THIS FORM**

(An original, signed and notarized form is required)

See **renewal** application instructions. This form may be duplicated. **Print legibly or type information requested on the form in its entirety.** If any of the information on this form changes, submit a revised form to the Department. Incomplete information could result in delay or denial of your application. When completing the application, attach additional page(s) as necessary. **This form must be postmarked by December 1<sup>st</sup>.**

1. Company Name: \_\_\_\_\_ Company License Number: \_\_\_\_\_  
(Current Employer)

2. Address(es) Where Employed: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

\*All addresses where employed must be listed. Attach additional page as necessary

3. Your Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Have you been known by any other name? ☐ YES ☐ NO If yes, state the name: \_\_\_\_\_  
(Ex. Maiden name, etc.)

5. Resident Address: \_\_\_\_\_ How long at this address? \_\_\_\_\_  
(Street)

(City)

(State)

(Zip Code)

(County)

6. Work Telephone Number: ( ) - Home Telephone Number: ( ) -

7. Date of Birth: / / 8. SSN: - -

9. Driver's License Number: State and Date of Issue: \_\_\_\_\_

**Mark an "X" in the Appropriate Box**

If you answer "YES" to any question, attach a separate sheet giving complete details.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 10. Has there been any change to your educational background or business qualifications?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever been convicted of a felony or of an offense involving breach of trust, moral turpitude or dishonest dealings within the past ten years? Provide details about the offense, including conviction date, court, penalty and attach a certified copy of the Criminal Docket Sheet and the Presentence Investigation Report. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever been charged with any irregularities or shortages in your business accounts or transactions?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you been adjudicated as bankrupt or were you ever an owner, partner, director, officer, member, or manager of any firm or company which was adjudicated bankrupt or for which a receiver appointed either during the time or within one year after you were connected with it?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever surrendered, resigned, cancelled, or been denied a professional license or other credential in ANY jurisdiction? Provide details, including the name of the profession, the agency, and the agency address.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Has ANY licensing or other credentialing agency ever taken any disciplinary action against you, including, but not limited to, any warning, reprimand, suspension, probation, limitation, or revocation? Provide details, including the name of the agency and date of the action.  | <input type="checkbox"/> | <input type="checkbox"/> |

16. Is disciplinary action pending against you in any jurisdiction? Provide details, including the name of the agency and status of the action. YES ☐ NO ☐
- 

I swear or affirm and certify that I have completed and/or reviewed all information on this form and that all information contained herein is true, current and correct. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. **I acknowledge that I have a duty and agree to update and correct this information as it changes.** Additionally, **I acknowledge that pursuant to S.C. Code 37-7-101 through -122, a criminal records check may be requested.**

\_\_\_\_\_  
Signature of Credit Counselor

\_\_\_\_\_  
Type or Print your name and Business Relationship or Title

SWORN TO AND SUBSCRIBED before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public For \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however personal identifying information will be released only if required by law.**